

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 2158

FEB 14 1941

Registration District No. 156

Primary Registration District No. 4090

Registrar's No. 1

1. PLACE OF DEATH

(a) County Cass
(b) City or town Harrisonville Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 104 South St. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 30 years (Specify whether years, months or days)
In this community 30 years

8. (a) PRINT FULL NAME LUCINTIA HENRY

8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

4. Sex F 5. Color or race Wh 6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife If alive _____ years
7. Birth date of deceased Feb. 11 1868
(Month) (Day) (Year)

8. AGE: Years 72 Months 10 Days 22 If less than one day hr. _____ min. _____

9. Birthplace Harrison Co Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business _____

12. Name Andrew J. White
13. Birthplace Ind.
(City, town, or county) (State or foreign country)
14. Maiden name Naomi Joyce
15. Birthplace Ind.
(City, town, or county) (State or foreign country)

16. (a) Informant Milton Henry
(b) Address Pleasant Hill, Mo.

17. (a) Burial (b) Date thereof Jan 5-1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Garden City Mo

18. (a) Signature of funeral director G. W. Hartsch

(b) Address East Lynne Mo.

19. (a) 1/4/41 (b) Garbusley
(Date received local Registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Cass
(c) City or town Harrisonville
(If outside city or town limits, write "RURAL")
(d) Street No. 104 South (If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 3
year 1941 hour 11 minute _____ M.

21. I hereby certify that I attended the deceased from Dec 28
1940, to Jan 3 1941;
that I last saw her alive on Jan 3 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Degeneration
Duration _____

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

845 (Specify type of place)
While at work? _____ (e) Means of injury _____

23. Signature J. S. Triplett Jr.
Address Harrisonville Mo Date signed 1-4-41

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.
working under my personal supervision.

Signed.....

Licensed Embalmer No. 27171

P. O. Address East Lynne, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.